CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT
Please return this form to the City of Milwaukee Election Commission
200 East Wells Street, Room 501, Milwaukee, WI 53202
414-286-3491 / FAX 414-286-8445

☑ YOU MUST BE REGISTERED TO VOTE AT YOUR CURRENT CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.
☑ IF YOU HAVE NOT PREVIOUSLY PROVIDED A COPY OF PHOTO ID, PHOTO ID MUST ACCOMPANY THIS APPLICATION (SEE ABSENTEE VOTING INSTRUCTIONS FOR TYPES OF ABSENTEE VOTERS THAT ARE EXEMPT FROM THE PHOTO ID REQUIREMENT)

REQUIRED INFORMATION

_____ Voter Declaration: I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 28 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

SECTION 1: SELECT REQUESTED ELECTION DATE

_____**FALL PRIMARY, AUGUST 9, 2016**
_____**FALL GENERAL, NOVEMBER 8, 2016**
_____**REMAINING 2016 ELECTIONS**

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR <u>EVERY ELECTION</u> BY CERTIFYING THE FOLLOWING:
_____ **I certify that I am indefinitely confined because of age, illness, infirmity or disability and request that an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election. (INDEFINITELY CONFINED VOTERS ARE NOT REQUIRED TO PROVIDE A COPY OF PHOTO ID)**

SECTION 2: VOTER INFORMATION

Last Name _____

First Name _____ **Middle Name**_____

Date of Birth (MM/DD/YY)_____ **Telephone (___)** _____

Residence Address_____ **Apt. Number**_____

CITY OF MILWAUKEE   **STATE OF WISCONSIN**   **Zip Code**_____

If mailing address is different than above address, send ballot to:

Your Name or name of person to send ballot in care of:_____

Nursing Home Name (_If Applicable_) _____

Mailing Address _____ **Apt. Number**_____

City_____ **State**_____ **Zip Code**_____

➡ **SIGNATURE:** _____ **DATE:** _____

SECTION 3: MARK IF YOU ARE A _____ MILITARY OR _____OVERSEAS ELECTOR (INDEFINITELY AWAY)

**BALLOT DELIVERY INSTRUCTIONS FOR ACTIVE MILITARY AND OVERSEAS (INDEFINITELY AWAY) VOTERS ONLY**

I prefer to receive my absentee ballot by: _____MAIL   _____FAX   _____EMAIL

FAX NUMBER (with area code):_____ - _____ - _____   EMAIL:_____

(Rev. 4/6/2016) Dist___ Ward____   SVRS # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Date_____ By_____   Status_____